BCPharmaCare Newsletter *March 21, 2007 Edition 07-001*

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STAFFING CHANGES

Executive Director, Drug Use Optimization

We are pleased to announce that Dr. Suzanne Taylor joined the Pharmaceutical Services Division team on February 19, 2007.

As the Executive Director of our new Drug Use Optimization branch, Suzanne will be responsible for developing and establishing a comprehensive drug utilization management program for British Columbia

Suzanne has a Doctor of Pharmacy Degree from UBC and is a Board Certified Pharmacotherapy Specialist. She completed her residency in hospital pharmacy at Vancouver General Hospital and is a Clinical Associate Professor in the Faculty of Pharmaceutical Sciences at UBC.

Suzanne comes to us from the BC Cancer Agency, where she has worked as a Clinical Pharmacy Specialist and as a Pharmacoeconomics Research Pharmacist. We know that Suzanne will be of tremendous value to our team.

UPDATE—PAYMENTS FOR SERVICES TO LONG-TERM CARE FACILITY RESIDENTS FOR JANUARY TO MARCH 2006

Pharmaceutical Services Division has completed its review of automated monthly payments for services to PharmaCare Plan B patients made to pharmacies in the first three months of 2006.

Pharmacies who received an automated Plan B payment for a month between January and March 2006 (inclusive) that was lower than their December 2005 capitation fee payment are receiving a payment adjustment. If your pharmacy qualified for a payment adjustment, you will have received a letter explaining the payment and advising you when the adjustment to a regular weekly payment would be made.

The payments are a one-time adjustment provided without prejudice to the 59 pharmacies that, in the initial phase of implementation of the Plan B payment policy change, were paid a lower amount than in December 2005. The adjustments acknowledge that, although there was no error or omission in implementation, the impact of the change from a "per bed" payment model to a "per patient" model was not fully recognized at the time.

The Ministry is analyzing the Plan B data submitted by pharmacies for May, June, and July 2006. Once the analysis is completed, the new Plan B capitation fee payment policy will be drafted and communicated.

We thank you for your patience in awaiting the permanent solution.

METHADONE PRESCRIBING STATUS TO BE IMPLEMENTED ON PHARMANET

Methadone prescribing is restricted to physicians holding a specific exemption under Section 56 of the *Controlled Drugs and Substances Act*. A separate exemption is required to prescribe the drug for pain control, for opioid dependency, or both. In keeping with the Act, the College of Physicians and Surgeons of British Columbia (CPSBC) administrates authorization for physicians to prescribe methadone for pain and/or opioid dependency.

In the very near future, PharmaNet will apply information on physician prescribing status to methadone claims. This enhancement is the result of the collaborative efforts of the Ministry of Health's Pharmaceutical Services Division, the CPSBC and the College of Pharmacists of B.C.

When methadone prescribing status is implemented, if the physician is not authorized to prescribe methadone for the purpose indicated on the prescription ("pain" or "maintenance"), PharmaNet will reject the prescription. As the rejected prescriptions cannot be dispensed, the claim will not be adjudicated and will not be recorded on a patient's PharmaNet record.

In preparation for this change to PharmaNet, please ensure your pharmacy is consistently using:

- the correct Physician College ID
- the appropriate Product Identification Number (PIN)—methadone for pain or methadone for maintenance.

A list of methadone PINs is provided in Section 6.3 of the *PharmaCare/PharmaNet: Policies and Procedures* available online at www.health.gov.bc.ca/pharme/generalinfo/policy/

Detailed information on this PharmaNet enhancement will be provided in a PharmaCare Newsletter closer to the implementation date.

REMINDER—URGENT REQUESTS FOR VANCOMYCIN TO TREAT C. DIFFICILE

Vancomycin may be needed urgently for patients with Clostridium Difficile Induced Colitis (CDIC). Therefore, PharmaNet HelpDesk representatives at Health Insurance BC are authorized to enter a one-day Special Authority for a two week supply of vancomycin if a physician or pharmacist validates that a patient with CDIC meets one of the following five criteria:

1. Patient has failed to respond to metronidazole.
2. The organism is resistant to metronidazole.
3. Patient is unable to tolerate metronidazole, or is allergic to it, or is being treated with ethanol containing solutions.
4. Patient is pregnant or is a child under 10 years of age.
5. Patient is critically ill due to CDIC.

At the time the request is made, the HelpDesk will gather the necessary information to document the request.

The HelpDesk is available 24 hours a day, seven days a week.

PHARMANET DRUG MONOGRAPHS

Using their pharmacy software, pharmacies can access PharmaNet drug monographs. Please be aware that the list of "generic equivalents" in PharmaNet drug monographs consists only of drugs that contain the same active ingredient and are in the same dosage form. Drugs listed are not necessarily bioequivalent or interchangeable.

Pharmacists should continue to exercise professional judgment and consult the Health Canada Notice of Compliance website (www.nocdatabase.ca), contact the drug manufacturer or refer to "Drug Interchangeability Update" posted on the College of Pharmacists of B.C. website at www.bcpharmacists.org/resources/pdf/FYI-drug_interchangeability.pdf).

DELISTING OF PRODOC PRODUCTS

At the request of the manufacturer, ProDoc Ltée, all ProDoc products are being removed from the PharmaCare formulary. The reason for ProDoc's request is that they do not ship their products to Western Canada. ProDoc products will no longer be covered by PharmaCare effective **April 23, 2007**.

CLARIFICATION—CORRECT QUANTITIES FOR INJECTABLE MEDICATIONS

Because the unit of measure that manufacturers assign to injectable products can vary, we are preparing a list of the appropriate unit of measure for claims for each DIN. This list will be available on our website before the end of the month and will be included in the next full issue of the PharmaCare Newsletter.

In the interim, please note the following clarifications to the quantity information included in PharmaCare Newsletter 06-013 published December 27, 2006.

- Tobramycin® for injection USP (DIN 533688): Enter as number of vials.
- Tobramycin® for injection USP (DINs 2230640, 2241209, 2241210): Enter as number of mls.

SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

Feb 2007	2,777	Aug 2006	3,361
Jan 2007	2,653	Jul 2006	3,038
Dec 2006	4,462	Jun 2006	3,273
Nov 2006	4,425	May 2006	3,255
Oct 2006	3,715	Apr 2006	2,761
Sep 2006	3,505	Mar 2006	2,881

CORRECTION—NEW BRAND DRUGS CATEGORIZED TO RDP

In PharmaCare Newsletter 06-013, information on the following product was incorrect. As shown below—in addition to being a benefit under Plans B, C, F, and I—this drug is also a benefit under Plan P.

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2281112	UNK[1]	ALTACE® (ramipril) 15 mg capsule	N	Y

1— Sanofi Aventis Canada Inc.

PRODUCT IDENTIFICATION NUMBERS FOR DIABETIC SUPPLIES

Infusion Set Supplies

Only designated disposable supplies (i.e., those for daily or one time use) are eligible for coverage.

BENEFIT STATUS	ITEM	PIN	NOTES	REIMBURSEMENT POLICY
Full	Infusion sets/kit supplies (Disposable)	999202	Coverage is restricted to the following items daily or one time use: ◊ needles ◊ syringes ◊ tubing / tubing with clips / tubing with butterfly needle	Retail price, no dispensing fee
Full	Infusion Syringes—1.8cc & 3cc	66123471		Retail price, no dispensing fee

Note: When entering a claim for syringes for non-insulin therapy (e.g., heparin, dimenhydrinate injections, non-benefit infusion kits, etc.), use the non-benefit PIN for non-drug medical supplies, 66123227.

Non-Benefit Diabetes Supplies

The following items are not eligible for PharmaCare coverage.

- Adapters
- Alcohol swabs
- Batteries
- BG Glide Syringes
- Books
- Blood glucose monitoring devices/metres/sensors
- Cartridges
- Combined tubing/adapter products
- Gels/creams/lotions
- Insulin pumps
- Insulin reservoirs
- Lancets
- Safety Needles
- Urine test strips

LOW COST ALTERNATIVE (LCA)/REFERENCE DRUG PROGRAM (RDP) BOOKLET CHANGES

Price/Benefit Status Changes

Effective **immediately**, the following LCA categories have been revised.

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
	DIAZEPAM TAB 2 MG		
405329	APO DIAZEPAM		F
2247490	PMS-DIAZEPAM		F
	ASA EC TAB 650 MG		
794244	ASA EC		F
2255464	ENTERIC COATED ASA	0.0366	P
10340	ENTROPHEN EC	0.0366	P

P — Partially covered. F — Fully covered.

Effective **immediately**, the following LCA Category will be removed from the LCA Program as there is only one product remaining in the category.

CATEGORY
HALOPERIDOL INJ 5 MG/ML

Effective **April 23, 2007**, the following LCA categories will be removed from the LCA Program as there is only one product in the category.

CATEGORY
DIPYRIDAMOLE TAB 25 MG
METRONIDAZOLE TAB 250 MG
NAPROXEN TAB 125 MG

LCA/RDP BOOKLET CHANGES, CONTINUED

Effective **April 23, 2007**, the following LCA categories have been revised.

Category		New LCA Price	New LCA Status
	DIPYRIDAMOLE TAB 75 MG		
895660	APO-DIPYRIDAMOLE-FC		F
452092	PERSANTINE	0.4459	P
	HYDROXYZINE CAP 25 MG		
646024	APO HYDROXYZINE		F
738832	NOVO-HYDROXYZIN		F
	HYDROXYZINE CAP 50 MG		
646016	APO HYDROXYZINE		F
738840	NOVO-HYDROXYZIN		F
	IBUPROFEN TAB 200MG		
2238004	IBUPROFEN		F
1933531	ADVIL CAPLET	0.0280	P
1933558	ADVIL TABLET	0.0280	P
441643	APO-IBUPROFEN	0.0280	P
2257912	IBUPROFEN	0.0280	P
629324	NOVO-PROFEN	0.0280	P
	MIRTAZAPINE TAB 15 MG		
2279894	NOVO-MIRTAZAPINE OD		F
2286610	APO-MIRTAZAPINE	0.2833	P
2256096	GEN-MIRTAZAPINE	0.2833	P
2273942	PMS-MIRTAZAPINE	0.2833	P
2248542	REMERON RD	0.2833	P
2250594	SANDOZ MIRTAZAPINE	0.2833	P
	MIRTAZAPINE TAB 45 MG		
2286637	APO-MIRTAZAPINE	0.8499	P
2256126	GEN-MIRTAZAPINE	0.8499	P
2279916	NOVO-MIRTAZAPINE OD	0.8499	P
2248544	REMERON RD	0.8499	P
	PRAZOSIN TAB 1 MG		
882801	APO-PRAZO		F
1934198	NOVO-PRAZIN		F
1913794	NU-PRAZO		F
560952	MINIPRESS	0.2133	P
	PRAZOSIN TAB 2 MG		
882828	APO-PRAZO		F
1934201	NOVO-PRAZIN		F
560960	MINIPRESS	0.2896	P
1913808	NU-PRAZO	0.2896	P

P — Partially covered. F — Fully Covered

continued...

Revised LCA categories continued

Category		New LCA Price	New LCA Status
	TRIAZOLAM TAB 0.125 MG		
1995227	GEN-TRIAZOLAM		F (No Change)
808563	APO-TRIAZO	0.0600	P
512559	HALCION	No Change	P (No Change)
	TRIAZOLAM TAB 0.25 MG		
1913506	GEN-TRIAZOLAM		F
808571	APO-TRIAZO	0.0726	P
443158	HALCION	0.0726	P (No Change)

P — Partially covered. F — Fully Covered

Effective **April 23, 2007**, the FENOFIBRATE FC TAB 100 MG and FENOFIBRATE FC TAB 160 MG categories within the LCA Program have been revised and the LCA pricing exception for fenofibrate FC tablets published in the August 17, 2006 LCA/RDP Booklet will no longer apply. The information for the revised categories is:

Category		New LCA Price	New LCA Status
	FENOFIBRATE FC TAB 100 MG		
2246859	APO FENO SUPER		F
2288044	SANDOZ FENOFIBRATE S		F
2241601	LIPIDIL SUPRA	0.8173	P
	FENOFIBRATE FC TAB 160 MG		
2289091	NOVO-FENOFIBRATE-S		F
2246860	APO FENO SUPER	0.7912	P
2250004	FENOMAX CAPSULE	0.7192	P
2288052	SANDOZ FENOFIBRATE S	0.7192	P
2241602	LIPIDIL SUPRA	0.7192	P

P — Partially covered. F — Fully Covered

New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, I, and, if applicable, Plan G. (For the Plan G formulary, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2285924	APX	APO-LEVETIRACETAM 250 mg tablet		P*	Y
2285932	APX	APO-LEVETIRACETAM 500 mg tablet		P*	Y
2285940	APX	APO-LEVETIRACETAM 750 mg tablet		P*	Y
2277298	APX	APO-MEDROXY 10 mg tablet		P	
2286610	APX	APO-MIRTAZAPINE 15 mg tablet		F	
2286629	APX	APO-MIRTAZAPINE 30 mg tablet		P	
2286637	APX	APO-MIRTAZAPINE 45 mg tablet		F	
2288184	APX	APO-ONDANSETRON 4 mg tablet		P*	Y
2288192	APX	APO-ONDANSETRON 8 mg tablet		P*	Y
2250004	UNK[1]	FENOMAX® (FENOFIBRATE) 160 mg capsule		F	
2287498	GPM	GEN-WARFARIN 3 mg tablet		P	
2285959	NOP	NOVO-ACYCLOVIR 200 mg tablet		P	
2285967	NOP	NOVO-ACYCLOVIR 400 mg tablet		P	
2285975	NOP	NOVO-ACYCLOVIR 800 mg tablet		P	
2289091	NOP	NOVO-FENOFIBRATE-S 160 mg tablet		F	
2286815	NOP	NOVO-SUMATRIPTAN DF 25 mg tablet		P*	Y
2286823	NOP	NOVO-SUMATRIPTAN DF 50 mg tablet		P	
2286831	NOP	NOVO-SUMATRIPTAN DF 100 mg tablet		P	
2284006	PMS	PMS-ALENDRONATE-FC 70 mg tablet		P*	Y
2278111	PMS	PMS FAMCICLOVIR 500 mg tablet		F	
2285657	RPH	RATIO-BUPROPION SR 100 mg tablet		P*	Y
2285665	RPH	RATIO-BUPROPION SR 150 mg tablet		P*	Y
2288087	UNK[2]	SANDOZ ALENDRONATE 10 mg tablet		P*	Y
2288109	UNK[2]	SANDOZ ALENDRONATE 70 mg tablet		P*	Y
2288044	UNK[2]	SANDOZ FENOFIBRATE S 100 mg tablet		P	
2288052	UNK[2]	SANDOZ FENOFIBRATE S 160 mg tablet		F	

1 – Oryx Pharma
2 – Sandoz

P – Partially covered
F – Fully covered
F* - Drug is a full benefit if a Special Authority is in place when the prescription is filled.
P* - Drug is a partial benefit if a Special Authority is in place when the prescription is filled.

New LCA Categories

The following drugs (including both existing PharmaCare benefits and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **April 23, 2007**.

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
AZITHROMYCIN PWS ORL 100 MG/5 ML	2274388	PMS	PMS-AZITHROMYCIN SUSP	F	
	2223716	PFI	ZITHROMAX PWS ORAL	P	0.7749
AZITHROMYCIN PWS ORL 200 MG/5 ML	2274396	PMS	PMS-AZITHROMYCIN SUSP	F	
	2223724	PFI	ZITHROMAX PWS ORAL	P	1.0981
CILAZAPRIL HCTZ TAB 5/12.5 MG	2284987	APX	APO-CILAZAPRIL/HCTZ	F	
	2181479	HLR	INHIBACE PLUS	P	0.5739
DIGOXIN TAB 0.0625 MG	2281236	APX	APO-DIGOXIN	F	
	2242321	VRO	LANOXIN	P	0.1577
DIGOXIN TAB 0.125 MG	2281228	APX	APO-DIGOXIN	F	
	2242322	VRO	LANOXIN	P	0.1465
DIGOXIN TAB 0.25 MG	2281201	APX	APO-DIGOXIN	F	
	2242323	VRO	LANOXIN	P	0.1465
LACTULOSE SYRUP 667 MG/ML	2242814	APX	APO-LACTULOSE	F	
	2280078	UNK[1]	GPI-LACTULOSE	F	
	703486	PMS	PMS-LACTULOSE	F	
	690686	RPH	RATIO-LACTULOSE	F	
	854409	RPH	RATIO-LACTULOSE	F	
METHYLPHENIDATE TAB SR 20 MG	2266687	APX	APO-METHYLPHENIDATE SR	F	
	632775	NVR	RITALIN SR	P	0.3491
PRAMIPEXOLE TAB 0.25 MG	2269309	NOP	NOVO-PRAMIPEXOLE	F*	
	2290111	PMS	PMS-PRAMIPEXOLE	F*	
	2237145	BOE	MIRAPEX	P*	0.7192
PRAMIPEXOLE TAB 0.5 MG	2269317	NOP	NOVO-PRAMIPEXOLE	F*	
	2290138	PMS	PMS-PRAMIPEXOLE	F*	
	2241594	BOE	MIRAPEX	P*	1.4385
PRAMIPEXOLE TAB 1 MG	2269325	NOP	NOVO-PRAMIPEXOLE	F*	
	2290146	PMS	PMS-PRAMIPEXOLE	F*	
	2237146	BOE	MIRAPEX	P*	1.4385
PRAMIPEXOLE TAB 1.5 MG	2269333	NOP	NOVO-PRAMIPEXOLE	F*	
	2290154	PMS	PMS-PRAMIPEXOLE	F*	
	2237147	BOE	MIRAPEX	P*	1.4385
RAMIPRIL CAP 1.25 MG	2251515	APX	APO-RAMIPRIL	F	
	2287692	RPH	RATIO-RAMIPRIL	F	
	2221829	UNK[3]	ALTACE	P	0.4722

1 – Gennium Pharma Inc.
3 – Sanofi-Aventis

P – Partially covered
F – Fully covered
F* - Drug is a full benefit if a Special Authority is in place when the prescription is filled.
P* - Drug is a partial benefit if a Special Authority is in place when the prescription is filled.

continued...

New LCA Categories (continued)

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
RAMIPRIL CAP 2.5 MG	2287706	RPH	RATIO-RAMIPRIL	F	
	2251531	APX	APO-RAMIPRIL	F	
	2221837	UNK[3]	ALTACE	P	0.5448
RAMIPRIL CAP 5 MG	2287714	RPH	RATIO-RAMIPRIL	F	
	2251574	APX	APO-RAMIPRIL	F	
	2221845	UNK[3]	ALTACE	P	0.5448
RAMIPRIL CAP 10 MG	2287722	RPH	RATIO-RAMIPRIL	F	
	2251582	APX	APO-RAMIPRIL	F	
	2221853	UNK[3]	ALTACE	P	0.6901
URSODIOL TAB 250 MG	2273497	PMS	PMS URSODIOL C	F	
	2238984	BFI	URSO	P	0.8962
URSODIOL TAB 500 MG	2273500	PMS	PMS URSODIOL C	F	
	2245894	BFI	URSO DS	P	1.7001
WARFARIN TAB 6MG	2287501	GPM	GEN-WARFARIN	F	
	2242686	TAR	TARO-WARFARIN	F	
WARFARIN TAB 7.5 MG	2287528	GPM	GEN-WARFARIN	F	
	2242697	TAR	TARO-WARFARIN	F	
VENLAFAXINE CAP 37.5 MG	2275023	NOP	NOVO-VENLAFAXINE XR	F	
	2237279	UNK[2]	EFFEXOR XR	P	0.6101
VENLAFAXINE CAP 75 MG	2275031	NOP	NOVO-VENLAFAXINE XR	F	
	2237280	UNK[2]	EFFEXOR XR	P	1.2203
VENLAFAXINE CAP 150 MG	2275058	NOP	NOVO-VENLAFAXINE XR	F	
	2237282	UNK[2]	EFFEXOR XR	P	1.2883

2 – Wyeth Canada
3 – Sanofi-Aventis
P – Partially covered
F – Fully covered

LIMITED COVERAGE PROGRAM

The following new products are now eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2280345	JSO	DURAGESIC® 12 (FENTANYL) 12 mcg/h transdermal patch	N	✧
2255707	JSO	RISPERDAL CONSTA® (RISPERIDONE) 25 mg powder for injectable prolonged-release suspension	Y	Y
2255723	JSO	RISPERDAL CONSTA® (RISPERIDONE) 37.5 mg powder for injectable prolonged-release suspension	Y	Y
2255758	JSO	RISPERDAL CONSTA® (RISPERIDONE) 50 mg powder for injectable prolonged-release suspension	Y	Y

✧ This product is a full benefit under Plan P, no Special Authority is required.

continued...

The Special Authority criteria for the following products have been revised. For the full details, please visit the Special Authority Information page on the PharmaCare website at www.health.gov.bc.ca/pharme.)

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2245385	AZC	SYMBICORT® TURBUHALER® (BUDESONIDE AND FORMOTEROL FUMARATE DIHYDRATE) 100 mcg/6 mcg Combination product of formoterol plus budesonide is eligible for coverage in those individuals who require combination of corticosteroid and long-acting beta agonist therapy AND who have been stabilized on inhaled corticosteroids.	N	N
2245386	AZC	SYMBICORT® TURBUHALER® (BUDESONIDE AND FORMOTEROL FUMARATE DIHYDRATE), 200 mcg/6 mcg Combination product of formoterol plus budesonide is eligible for coverage in those individuals who require combination of corticosteroid and long-acting beta agonist therapy AND who have been stabilized on inhaled corticosteroids.	N	N

BENEFITS

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P.

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2287498	GPM	GEN-WARFARIN 3 mg tablet	N	Y
2270609	PMS	PMS-CITALOPRAM 10 mg tablet	Y	Y
2285959	NOP	NOVO-ACYCLOVIR 200 mg tablet	N	Y
2285967	NOP	NOVO-ACYCLOVIR 400 mg tablet	N	Y
2285975	NOP	NOVO-ACYCLOVIR 800 mg tablet	N	Y

Benefits Palliative Care Drug Plan (Plan P) Only

The following new products are now eligible PharmaCare benefits for Plan P Only.

DIN	MAN	DRUG NAME	LCA STATUS
2278081	PMS	PMS-FAMCICLOVIR 125 mg tablet	F
2278103	PMS	PMS-FAMCICLOVIR 250 mg tablet	F

F — Fully covered

The following product is now an eligible PharmaCare benefit for Plan P. This product is also a Limited Coverage Program drug for Plans B, C, F and I.

DIN	MAN	DRUG NAME
2280345	JSO	DURAGESIC® 12 (FENTANYL) 12 mcg/h transdermal patch

NON-BENEFITS

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	MAN	DRUG NAME
2288079	UNK[1]	SANDOZ ALENDRONATE 5 mg tablet

1 – Sandoz

Effective **April 23, 2007**—at the request of the manufacturer, Novopharm Limited—the following product will no longer be a PharmaCare benefit.

DIN	MAN	DRUG NAME
229296	NOP	NOVASEN 650 mg tablet